

# Electronic Funds Transfer Authorization Agreement Deferred Compensation Plan

*Please type or print*

Participant/Payee Name\_\_\_\_\_

Street Address\_\_\_\_\_

City\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_

Group/Participant Numbers\_\_\_\_\_

Social Security Number\_\_\_\_\_

Benefit Choice:

\_\_\_\_\_ Annuity  
\_\_\_\_\_ Systematic Withdrawal Option  
\_\_\_\_\_ Lump Sum

**Financial Institution** (Bank, Savings & Loan, Credit Union)

Name\_\_\_\_\_

Street Address\_\_\_\_\_

City\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_

Account Number\_\_\_\_\_

\_\_\_\_\_ Checking -- Please attach a "Voided Check" -- this provides bank & routing numbers

\_\_\_\_\_ Savings -- Transit Routing Numbers\_\_\_\_\_  
(this may be obtained from your bank)

I authorize The Hartford Insurance Group and affiliated companies (Hartford Life), to initiate credit entries to my account indicated above and the depository named above (Depository) to credit the same to such account. This authorization is to remain in full force and effect until The Hartford has received written notice from me of its termination in such time and in such manner as to afford The Hartford and Depository a reasonable opportunity to act on it.

\_\_\_\_\_  
Participant/Payee Signature

\_\_\_\_\_  
Date